

TAB

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STRUCTURE AND MANAGEMENT

GENERAL

The D/MS is responsible for planning and directing the Agency's medical support program. Our survey of his office leads us to conclude that he has been successful in establishing and maintaining a medical support program which is effective, progressive, and responsive to the specialized needs of the Agency.

Few elements of the Agency are in a position to influence the morale and attitudes of employees as much as the Office of Medical Services. The impact of prompt, humane, effective medical attention both here and overseas is very great. Whatever is or is believed to be a medical failure is costly in the same degree. It is our impression that on balance the Office of Medical Services has made a very impressive contribution to morale.

The present D/MS has been the chief of the Agency's medical facilities since 1948. Under his leadership and direction, the Agency has developed one of the best and most comprehensive medical programs in the Federal Government.

The entire medical support program reflects the management style of the D/MS; it is highly centralized, carefully planned, and based on the traditional values and concepts of the medical profession. It is a reliable and effective program but one which offers little scope for innovation or independent decision-making to the professional members of the staff. This observation reflects statements which have been made by OMS employees interviewed and by employees throughout the Agency who have official contact with OMS. The statements were not made harshly or with derogatory connotations. Many of our findings and conclusions are concerned with the managerial style of the office and with its consequences.

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We cannot, in fairness, say that the managerial style was deliberately planned. It has in part evolved as the rapid turnover of professional personnel repeatedly thrust the major management responsibility upon the office of the D/MS. Within the past few years the D/MS has lost the services of one deputy through disability retirement and his present deputy is seriously ill. It is difficult to find qualified doctors who are prepared to accept the salaries and professional restrictions which are connected with Agency employment. Many of the present doctors are relatively new employees and even though they are professionally competent they lack familiarity and experience with the Agency and its operational requirements.

Responsibility for policy-making is primarily retained by the D/MS. The heads of the major components, having little share in over-all management, are specifically concerned with the operations of their units. The various boards and panels are involved in an advisory capacity for specific problem areas. For a variety of reasons the D/MS has not delegated authority to the doctors on his staff, especially in areas where contacts outside of OMS are involved. Thus there is a lack of managerial experience among the professional members of OMS. If anything should happen to the D/MS, the management and direction of the activities of this office would become a very critical problem.

Outside Professional Review

The D/MS consulted with officials of the Public Health Service when the Agency began developing its medical service program. Since that time consultations have been held occasionally with the Public Health Service and the National Institutes of Health on specific problems or programs. Although the Public Health Service is authorized by law to review any Government agency's medical families or programs upon request, it has not been asked by CIA to do so.

Four years ago a Psychiatric Consultant Panel was organized by the D/MS for the purpose of reviewing the Agency's psychiatric program. This panel meets quarterly, usually in Washington.

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at the call of the D/MS. Normally it deals with specific problems raised by OMS. A similar panel of outstanding psychologists was established approximately a year ago for the Assessment and Evaluation Staff. There is no comparable panel for the Clinical Division, but it is understood that the D/MS is considering the establishment of such a panel.¹ We believe that this is quite worthwhile and recommend that it be done. We do not believe that an over-all review of the OMS program by the PHS, or any other outside group, is desirable or necessary.

¹In January 1968, a brief survey was made of the clinical activities of OMS by [redacted]

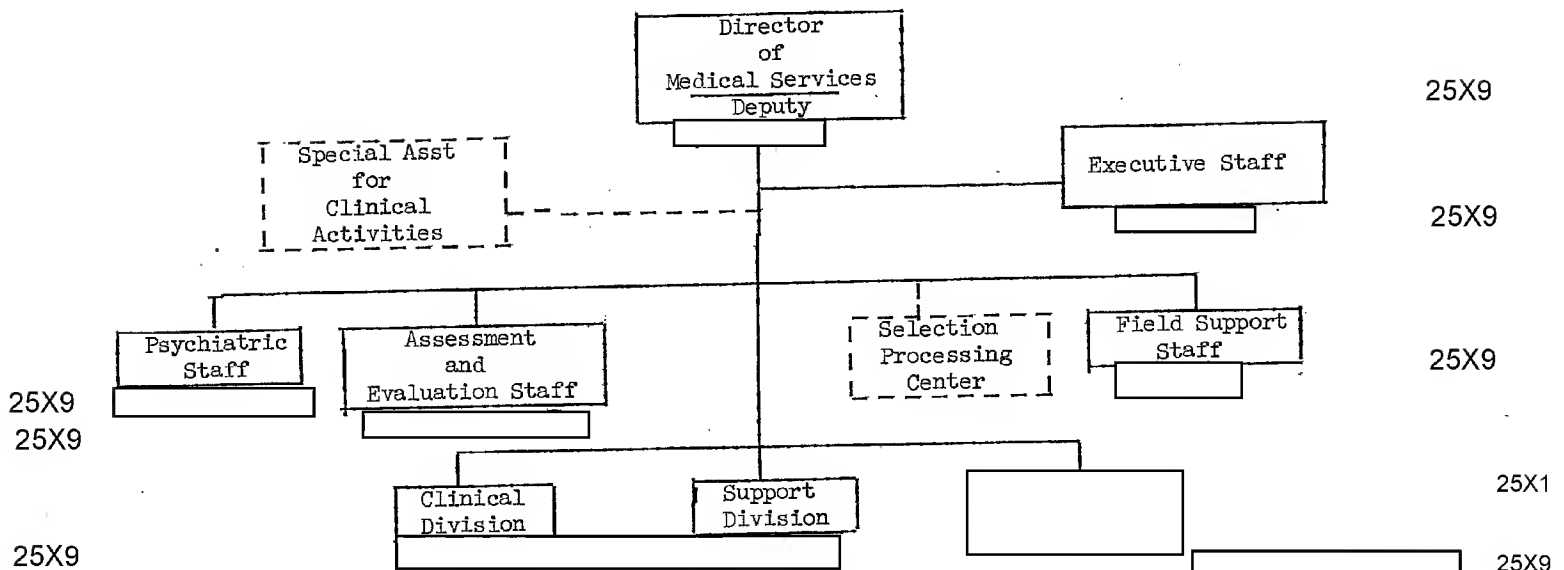
[redacted] He summarized his impressions by stating that in scope and quality the Agency's medical program is very good.

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SECRET

OFFICE OF MEDICAL SERVICES



- Staff Positions
- Staff Employees
- Contract Employees

This chart shows the present organization. The Selection Processing Center and the Special Assistant for Clinical Affairs, established during the survey, will not be shown on the staffing complement until 1 July 1968, when it is anticipated that funds and positions will be authorized.

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ORGANIZATION

On the facing page is a chart of the present organization of OMS, which consists of the office of the D/MS and seven staffs and divisions.

The office of the D/MS includes the Director, the Deputy, a Special Assistant for Clinical Activities, and the Executive Officer. These four officers bear the brunt of planning, management, and liaison. The chiefs of the other six staffs and divisions report directly to D/MS. There are several internal boards and panels established to review specific categories of medical problems and to provide guidance and recommendations to D/MS.

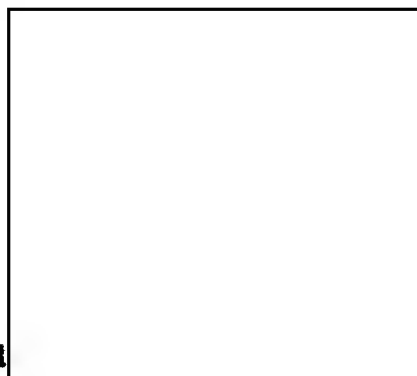


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The FY 1967 OMS budget totaled
was allotted as follows:

Personal Services
Travel
Contractual Services
Supplies and Equipment
Other

Total



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The Clinical Division

The Clinical Division is primarily responsible for the preventative health program. This includes conducting medical examinations and evaluations of employees in terms of established physical standards; providing diagnostic and consultative services; operating the dispensary and health rooms which provide treatment of temporary and minor illnesses and emergency medical treatment; arranging for the care of employees and dependents who have been medically evacuated; and maintaining an immunization program.

The division has an authorized strength of [] staff employees. It is organized with two staff doctors and one full-time contract doctor on the staff of the chief of the division. The specialized technical personnel are in the three branches: Nursing, Technical and Immunization. In addition to staff employees, there are [] part-time contract physicians and specialists who come into the Headquarters Building. The division maintains a list of outside, cleared physicians, specialists, and facilities to which employees may be referred.

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Psychiatric Staff

The Psychiatric Staff conducts psychiatric evaluations of Agency applicants, provides clinical services, supports

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[] and prepares []

The staff has an authorized strength of [] employees; five are psychiatrists and two are psychologists. Additionally, [] contract psychiatrists provide services in Agency buildings. Finally, there are [] cleared psychiatrists to whom staff employees and agents may be referred.

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Selection Processing Center

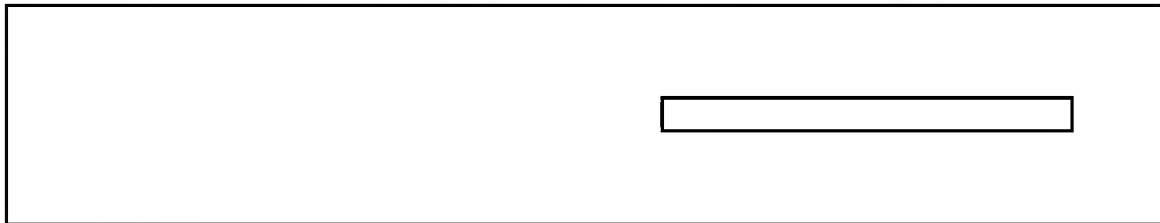
The Selection Processing Center in the Ames Building performs medical evaluations for selection processing of

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25X1C applicants and new employees, evaluations and immunizations of dependents, and provides health service for Agency personnel in the Rosslyn area. The center has one staff doctor, two nurses, and four technicians who have been detailed from the headquarters' Clinical Division and Support Division.



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Field Support Staff

The Field Support Staff consists of a medical officer and an administrative officer. They coordinate medical support of the Agency's overseas medical activities.

Assessment and Evaluation Staff

25X9 The Assessment and Evaluation Staff is responsible for providing psychological support services. In addition to conducting a comprehensive program of testing and assessing, it performs research and conducts surveys on personnel administration, management, and operations. Of the [] authorized positions, [] are filled by psychologists. In addition, there are five part-time contract psychometrists¹, one part-time research assistant, and one full-time contract psychologist.

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Support Division

The Support Division has an authorized strength of [] employees and is organized into four branches: Registrar, Personnel, Supply, and Services. The division performs the

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¹Persons skilled in the administration and interpretation of objective psychological tests (as of intelligence or personality).

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It is recommended that:

No. 1

The Deputy Director for Support:

a. Instruct the Director of Medical Services to formally designate a flight surgeon and to delineate his responsibilities.

b. Prepare a Headquarters Notice announcing that an Agency flight surgeon has been designated within OMS and describing the functions of his position.

It is recommended that:

No. 2

The Deputy Director for Support, in coordination with the Deputy Director for Science and Technology, develop a procedure which will enable the Director of Medical Services to participate in the selection of

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PERSONNEL

Recruitment

In 1955 OMS, with the approval of the Director of Personnel, began its own recruitment program for physicians, psychiatrists, psychologists, nurses, and medical technicians. This is done mainly through professional channels. The high incomes earned by physicians, psychiatrists, and psychologists in private practice and in working for institutions in the private sector make it very difficult for this Agency or any other element of Government to recruit and hold qualified personnel. The fact that there were several key professional positions vacant at the time of the survey points up the fact that the problem is a continuing one.

There is relatively little recruitment activity for medical technicians and nurses. The salaries being offered in these fields of specialization result in sufficient applicants to fulfill the personnel requirements.

The clerical personnel assigned to OMS are obtained through the Agency's clerical recruitment efforts. There is a fairly large attrition rate for the lower-graded clerical personnel, but this is the case throughout the Agency.

Contract Employees

OMS uses contract employees both at headquarters and overseas. At headquarters there are full-time Type A contract employees and part-time employees and consultants who come into headquarters buildings. In addition to the staff employees assigned to overseas positions there are Type A contract employees and military detailees performing medical duties.

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It is the policy of the D/MS to bring new doctors into the Agency on contract for a period of assessment; later some of them are converted to staff status. This arrangement has certain advantages in that it offers the doctors and the D/MS an opportunity to evaluate each other on the basis of actual employment experience. However, it is a source of concern to some of the doctors. When a doctor is recruited to come with the Agency he must leave his practice, uproot his family and move either to Washington or to an overseas post. The Agency has committed itself only to the period of the contract, which is normally three years. During the first year or two of contract service, the doctor may become interested in continuing his employment with the Agency as a staff officer, but he realizes that he cannot afford to wait until the latter part of his contract time to see if he will be offered such employment.

For planning purposes, there should be a more precisely stated policy concerning when the decision will be made as to his status at the expiration of the contract. It would seem that by the end of the second year of the contract the D/MS should be in a position to discuss career plans with the individual.

Most contract doctors are hired for overseas assignments and they enter on duty only a few weeks before they are scheduled to depart. Although professionally qualified, they lack an understanding of the Agency. Many of the doctors with whom we talked felt they were ill-equipped to serve overseas; this was particularly true of those who had been given regional responsibilities.

Those doctors who return from overseas and are assigned to duty in headquarters also feel that they are given insufficient orientation and training. Part of their responsibility is to evaluate medical histories and results of medical examinations in terms of job requirements. As they point out, they have no difficulty

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evaluating the medical findings but they feel less confident in relating their findings to the needs of the Agency.

The Clinical Division uses contract Medical Officer Examiners to administer most of the routine medical examinations. Their pay has recently been increased from \$30 to \$45 per session. Available evidence indicates this increase was justified in that it places the Agency in a more competitive position.

OMS employs on a contract basis a good number of doctors who are used in a variety of ways. It would be impossible to establish standard rates of pay to cover every case, although standards for certain categories of service could be established. Similarly, the terms of these contracts will necessarily differ but a careful study of past contract experience in this field reveals certain basic conditions which should be included in almost every contract. Contracts appear to be drawn up in haste with little benefit of past experience and in some cases have been shown to be unnecessarily weak.

It is recommended that:

No. 3

The Deputy Director for Support instruct the Director of Medical Services:

- a. To develop procedures to determine and to notify Type A contract doctors the plans for their continued employment by the Agency one year before the expiration of their contract;
- b. To establish, in consultation with the Director of Training, a program of orientation training for all doctors entering on full-time duty with the Agency as well as appropriate orientation for those doctors returning from on overseas assignment for duty in headquarters; and

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c. To seek the assistance of the Director of Personnel in reviewing all existing contracts with professional medical personnel and in establishing, insofar as possible, uniform contracting procedures.

Medical Career Service

25X1A The Medical Career Service (SM) is constituted as specified in regulation The D/MS is the head of the Service and serves as Chairman of the Career Service Board. The voting membership consists of the DD/MS, the division and staff chiefs, the Executive Officer, and the Support Officer. Two officers of the Science & Technology Directorate (the Deputy Director of Research and Development and the Chief of Life Sciences Division, OSI) are senior members of the SM Career Service and as such serve on the board. The Personnel Officer of OMS is a non-voting member who serves as the Executive Secretary.

The SM Career Service Board is supported by three career panels. They make recommendations to the Chairman of the Board concerning the appointment, assignment, training, promotion, and career development of the members within their purview. These panels are:

- a. The Medical Officer Panel (Panel A)
- b. The Psychologist Panel (Panel B)
- c. The Medical Technician and Medical Service Officer Panel (Panel C)

There is no panel for clerical personnel or for nurses.

It will be readily seen that the needs and interests of the personnel managed by the three panels are quite different. The physicians are normally taken on in contract status and

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then, after successful completion of the period of service, may be offered staff status. These officers are few in number, are well acquainted with the requirements of the job and with the opportunities offered by the Agency. The Chief, Field Support Staff, believes that there is a need for more careful planning and more timely consultation in arranging for overseas tours and for the assignment of officers returning from overseas. This need is borne out in interviews with staff physicians and in the exit interviews which have been recorded at the time former members of the staff resigned.

Psychiatrists and psychologists are normally assigned to headquarters, with the result that career service management boils down to selecting the right men for advancement and for assignments which require certain special qualifications.

A number of medical technicians and medical service officers feel that the management of their careers has as its one purpose the efficient operation of the office and that little attention is paid to their interests, including a desire on the part of some of them to serve overseas in order to earn retirement credit. They claim that once they have become proficient in the handling of highly specialized and expensive equipment used in clinical work they are likely to be locked into their positions for long periods of time with no opportunity for rotation or advancement. It is our impression that complaints of this nature are made responsibly and in the full understanding of the need on the part of the office for highly competent and experienced technicians. We also feel that this need can be met while at the same time providing a greater opportunity for development to personnel in this category.

It is recommended that:

No. 4

The Director of Medical Services have Panel C review the current assignments of medical technicians and medical service officers, arrange for those who

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have been in the same positions for long periods to be consulted as to their career desires, and insofar as possible accommodate those who wish other assignments.

Support Division

All of the positions in the Support Division carry SM career service designations on the Position Control Register, and at the time of our inspection all incumbents of key positions were SM careerists who have come up through the medical technician ranks. In some of the positions, the knowledge and experience obtained through working as a medical technician are valuable in a support assignment in OMS. The positions of Registrar, Physical Requirements Officer, and Medical Supply Officer are examples. However, a medical technician background does not appear necessary for the personnel and finance officers.

We believe that the D/MS should have specialists in these two positions. The administration of the Medical Career Service could be facilitated by the assignment of a trained personnel officer. Likewise, the increasingly complicated budget planning and financial administration for the office require a trained finance officer. Both of these functions might be performed by a well trained generalist--i.e., a Support Career Trainee.

It is recommended that:

No. 5

The Deputy Director for Support direct the Director of Medical Services:

a. To request the Director of Personnel to furnish a personnel specialist to fill the position of Personnel Officer;

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b. To request the Director of Finance to furnish a finance specialist to fill the position responsible for the financial administration of the Office of Medical Services;

c. Or, to investigate the possibility of obtaining the services of a support officer, who has experience and training in both the personnel and finance fields, and of combining the responsibilities in one position.

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OPERATIONS

GENERAL

25X1A The several staffs and divisions of the Office of Medical Services perform their day-to-day work in different areas: at Headquarters Building, at the Ames Building, at the Broyhill Building, at a few other [redacted] stations. With the exception of the A&E Staff, there is a merging of the elements of the office in each of these areas for functional purposes. Applicant screening is conducted at the Ames Building. General medical services provided to our employees are handled at Headquarters (and in the Ames Building) as are the activities which are carried out [redacted]

25X1C [redacted] Our overseas medical support program is also managed from headquarters.

The A&E Staff, which provides various types of psychological services to the Agency, is located in Broyhill Building along with the Office of Training. It makes its own separate contribution to the applicant screening process through non-medical channels and it is also available for certain types of support work. The activities of this staff, including applicant screening, are taken up at the end of this section under the heading Psychological Services.

The discussion which follows is organized along functional lines, dealing with each of the activities mentioned above. In conducting our survey we have come to believe that the Office of Medical Services might better be organized along functional lines and have therefore made two specific suggestions in this regard in discussing applicant screening and headquarters' medical services.

Since these changes would affect the over-all structure of the Office of Medical Services, we have added a final section entitled "Proposed Structural Changes" in which these changes and others which would follow in consequence are briefly described and set forth in diagrammatic form.

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APPLICANT SCREENING

Pre-employment and EOD screening is undertaken by the Psychiatric Staff's Selection Support Branch and the new Selection Processing Center, co-located at Ames Building. Results of this screening constitute the basic medical file on individuals accepted for employment.

The Selection Processing Center, established in November 1967, is managed by an energetic, experienced doctor. Using medical standards recently reviewed and found to be satisfactory by the D/MS, the Center eliminates some candidates for obvious physical defects after reviewing their medical histories. Candidates who appear to be medically qualified are brought to Washington for physical examinations. In the spring, the peak season for conducting medical examinations, the Center conducts about examinations per month.

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The Selection Support Branch is managed by a Ph.D. psychologist, supported by a staff psychiatrist in the Headquarters Building. Psychiatric processing begins when applicants (in FY 1967) complete the Personal Index, a questionnaire on family background and mental history. The applicant may be approved for employment on the basis of the Personal Index or may be required to undergo a psychiatric examination. Certain categories of employees, such as Career Trainees, are routinely examined, and about 50% of all applicants have a psychiatric examination.

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The psychiatric interview is usually conducted by a contract psychiatrist. Sometimes the psychiatrist seeks assistance in reaching a final decision by having the applicant receive comprehensive psychological testing. Doubtful cases may be discussed with the requesting component or with the Applicant Review Panel.

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